**Duale Hochschule Baden-Württemberg Karlsruhe**

**Baden-Wuerttemberg Cooperative State University**

Application for Students of Partner Institutions (Internship)

Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Sex(M/F) |  | **Date of birth** |  |
| Place of birth |  | **Email** |  |
| Phone |  | **Mobile phone** |  |
| Country |  | **City** |  |
| Post code |  |
|  Address |  |

Language Skills

|  |  |
| --- | --- |
| German language level | 🞏 A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 |
| English language level[1] | 🞏 A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 |

[1] According to CEF (A Common European Framework of Reference for Languages)

|  |
| --- |
| CEF |
| A1 Breakthrough |
| A2 Waystage |
| B1 Threshold |
| B2 Vantage |
| C1 Effective Operational Proficiency |
| C2 Mastery |

University Information

|  |  |
| --- | --- |
| Home University |  |
| Major |  |
| Which academic year (out of total) |  |
| Courses taken at home university to show your scientific qualification | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Duration of stay[2] | From\_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ \_\_\_months |
| Accommodation in a student residence | 🞏Yes 🞏No |
| Participation in German course | 🞏Yes 🞏No |
| Person(s) to contact in case of emergency | Name: Contact No.: |
| Preferences concerning the internship (branch, type of company, department) |  |

[2]Format of date: DD/MM/YY

Detailed information about the reservation of a room in a student residence will be provided after receipt of your application.

I herewith acknowledge that the room reservation has to be confirmed within two weeks after receipt of the information. Without confirmation, the room reservation will be cancelled.

 City, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application form is valid only with the following data and signature:

|  |  |
| --- | --- |
| International Coordinator at home university |  |
| Phone |  | Fax |  |
| Email  |  |
| Signature (stamp) of the International Coordinator | I hereby confirm the data the student has given with this application form. |

**The following documents are enclosed (please mark):**

**🞎 Copy of my identity card (or passport)**

**🞎 Proof of health insurance**

**🞎 Enrollment certificate of home university**

City, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duale Hochschule Baden-Württemberg Karlsruhe**

**Baden-Wuerttemberg Cooperative State University**

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